

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028107

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 274  
FILED JUL 31 1962

Primary Registration District No. 3052

Registrar's No. 276

VS 300  
Rev. 4/59

8268

27005

3

4 0

5 1

6

7 0

8 2

9 332X

10

11

12 1-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

Pettis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN SedaliaLength of stay in 1b  
12 hrsc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Bothwell Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Jackson

c. CITY  
OR TOWN

Independence

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

1015 Brookside Drive

Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
LOGANMiddle  
PLast  
Tuck4. DATE  
OF DEATHMonth  
July 23Day  
1962

## 5. SEX

Male

6. COLOR OR RACE  
White7. Married ☒  
Widowed ☐Never Married ☐  
Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)  
12-11-1887 74IF UNDER 1 YEAR  
Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Accountant

## 10b. KIND OF BUSINESS OR INDUSTRY

Retired

## 11. BIRTHPLACE (City and state or country)

Green Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

William J. Tuck

## 13b. MOTHER'S MAIDEN NAME

Diana J. Fitzgerald

## 14. NAME OF HUSBAND OR WIFE

Maggie Darby Tuck

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

(If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs Maggie Tuck

Address 1535 W. 14th

Sedalia

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Thrombosis

## INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Generalized Arteriosclerosis

unknown

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

## Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from July 22, 1962 to July 23, 1962 and last saw him alive on July 22, 1962  
Death occurred at 9:15 a.m. on the date stated above, and to the best of my knowledge from the causes stated.

## 22a. SIGNATURE

## (Degree or title)

T. S. Hopkins, M.D.

## 22b. ADDRESS

1609 S. Limit  
Sedalia, Mo.

## 22c. DATE SIGNED

7-24-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7-25-62

## 23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

## 23d. LOCATION (City, town, or county)

Sedalia

## 23e. (State)

Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

McLaughlin Bros Sedalia

## 25. DATE REC'D. BY LOCAL REG.

July 24, 1962

## 26. REGISTRAR'S SIGNATURE

Nancy Anderson, Deputy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ALL 3 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*K. P. M. Lary*

Licensed Embalmer No.

*3153*

P. O. Address

*Sedalia Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.